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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/664,644

Filing Date 19 September 2000

First Named Inventor Gert Umbach

Art Unit 2188

Examiner Name Gary J. Portka

RECEIVED

JUL 21 2004

Technology Center 2100

Attorney Docket Number 7196-000017

## ENCLOSURES (check all that apply)

 Fee Transmittal Form Drawing(s) After Allowance Communication to Technology Center (TC) Fee Attached Licensing-related Papers Appeal Communication to Board of Appeals and Interferences Amendment / Reply Petition Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) After Final Petition to Convert to a Provisional Application Proprietary Information Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Address Status Letter Extension of Time Request Terminal Disclaimer Other Enclosure(s)  
(please identify below): Express Abandonment Request Request for Refund

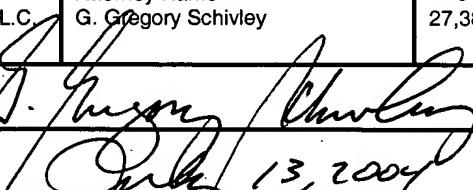
## Acknowledgement Postcard

 Information Disclosure Statement CD, Number of CD(s) \_\_\_\_\_ Certified Copy of Priority Document(s)

Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

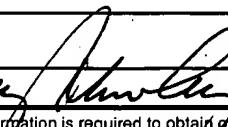
 Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |                                      |                    |
|-------------------------|--|--------------------------------------|--------------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C.   | Attorney Name<br>G. Gregory Schivley | Reg. No.<br>27,382 |
| Signature               |  |                                      |                    |
| Date                    | 13, 2004   |                                      |                    |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |   |                        |                               |
|-----------------------|---|------------------------|-------------------------------|
| Typed or printed name | G. Gregory Schivley   | Express Mail Label No. | EV 533 146 506 US (7/13/2004) |
| Signature             |  | Date                   | July 13, 2004                 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is test (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 218)

Complete if Known

|                      |                   |                        |
|----------------------|-------------------|------------------------|
| Application Number   | 09/664,644        | RECEIVED               |
| Filing Date          | 19 September 2000 | JUL 21 2004            |
| First Named Inventor | Gert Umbach       |                        |
| Examiner Name        | Gary J. Portka    |                        |
| Art Unit             | 2188              | Technology Center 2100 |
| Attorney Docket No.  | 7196-000017       |                        |

#### METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money  Other  None  
Order

Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, P.L.C.

**The Director Is authorized to: (check all that apply)**

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

#### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code     | Fee (\$)     | Fee Code        | Fee (\$) |
| 1051         | 130          | 2051            | 65       |
| 1052         | 50           | 2052            | 25       |
| 1053         | 130          | 1053            | 130      |
| 1812         | 2,520        | 1812            | 2,520    |
| 1804         | 920*         | 1804            | 920*     |
| 1805         | 1,840*       | 1805            | 1,840*   |
| 1251         | 110          | 2251            | 55       |
| 1252         | 420          | 2252            | 210      |
| 1253         | 950          | 2253            | 475      |
| 1254         | 1,480        | 2254            | 740      |
| 1255         | 2,010        | 2255            | 1,005    |
| 1401         | 330          | 2401            | 165      |
| 1402         | 330          | 2402            | 165      |
| 1403         | 290          | 2403            | 145      |
| 1451         | 1,510        | 1451            | 1,510    |
| 1452         | 110          | 2452            | 55       |
| 1453         | 1,330        | 2453            | 665      |
| 1501         | 1,330        | 2501            | 665      |
| 1502         | 480          | 2502            | 240      |
| 1503         | 640          | 2503            | 320      |
| 1460         | 130          | 1460            | 130      |
| 1807         | 50           | 1807            | 50       |
| 1806         | 180          | 1806            | 180      |
| 8021         | 40           | 8021            | 40       |
| 1809         | 770          | 2809            | 385      |
| 1810         | 770          | 2810            | 385      |
| 1801         | 770          | 2801            | 385      |
| 1802         | 900          | 1802            | 900      |

#### FEE CALCULATION

##### 1. BASIC FILING FEE

| Large Entity        | Small Entity | Fee Description | Fee Paid |
|---------------------|--------------|-----------------|----------|
| Fee Code            | Fee (\$)     | Fee Code        | Fee (\$) |
| 1001                | 770          | 2001            | 385      |
| 1002                | 340          | 2002            | 170      |
| 1003                | 530          | 2003            | 265      |
| 1004                | 770          | 2004            | 385      |
| 1005                | 160          | 2005            | 80       |
| <b>SUBTOTAL (1)</b> |              | <b>(\$ 0)</b>   |          |

##### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

|                    | Extra Claims | Fee from below | Fee Paid     |
|--------------------|--------------|----------------|--------------|
| Total Claims       | 26           | 20 **          | 6 X 18 = 108 |
| Independent Claims | 2            | 3 **           | 0 X 86 = 0   |
| Multiple Dependent |              |                | X = 0        |

| Large Entity        | Small Entity | Fee Description   |
|---------------------|--------------|---|
| Fee Code            | Fee (\$)     | Fee Description   |
| 1202                | 18           | 2202 9 Claims in excess of 20                                     |
| 1201                | 86           | 2201 43 Independent claims in excess of 3                         |
| 1203                | 290          | 2203 145 Multiple dependent claim, if not paid                    |
| 1204                | 86           | 2204 43 ** Reissue independent claims over original patent        |
| 1205                | 18           | 2205 9 ** Reissue claims in excess of 20 and over original patent |
| <b>SUBTOTAL (2)</b> |              | <b>(\$ 108)</b>   |

\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$ 110)

Other fee (specify) \_\_\_\_\_

#### SUBMITTED BY

Complete (if applicable)

|                   |                            |                                   |        |           |              |
|-------------------|----------------------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | G. Gregory Schivley        | Registration No. (Attorney/Agent) | 27,382 | Telephone | 248-641-1600 |
| Signature         | <i>G. Gregory Schivley</i> |                                   |        |           |              |
| Date              | July 13, 2004              |                                   |        |           |              |

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